



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Personal Care Providers
DATE: August 1, 2004
SUBJECT: Provider Manual Update Transmittal No. 57

REMOVE

Section	Date
200.000—201.310	10-13-03
213.000	10-13-03
262.000—262.200	10-13-03

INSERT

Section	Date
200.000—201.210	8-1-04
213.000	8-1-04
251.100—251.120	8-1-04
262.000—262.120	8-1-04

Explanation of Updates

Section 200.100: This section has been added to explain the reorganization of the participation requirements sections of this manual.

Sections 200.110 through 200.160: These are new sections. Arkansas Medicaid participation requirements and provider enrollment procedures are now separated in this provider manual. This reorganization has taken place to avoid numerous repetitions of the requirements common to every type of personal care provider. Provider enrollment procedures begin at section 201.000, specifying the documentation requirements unique or particular to each type of personal care provider.

Section 200.130: Participation requirements for Private Care Agencies have changed as a result of legislation. Regulatory revisions are reflected in sections 200.130 and 201.030.

Section 201.000: This section has been added to explain provider enrollment procedures.

Sections 201.010 through 201.050: These sections specify requirements unique or particular to the enrollment of each type of personal care provider.

Section 201.100: This is former section 201.200. It has been revised to provide a better definition of routine services providers.

Section 201.110: This is former section 201.210. It is revised only for clarification.

Sections 201.200 through 201.202: Former section 201.300 has been divided into three sections. The definition of emergency services has been deleted since personal care is not an emergency service.

Section 201.202: Part A of this section replaces former section 201.300, part C. In part B of this section, a documentation requirement has been added for applicants for enrollment as limited services providers.

Section 201.210: This is former section 201.310, divided into parts A and B.

Section 213.000: Part F has been added to explain that certain personal care providers may provide services only to their own clients and only at specified locations.

Sections 251.100 through 251.120: These sections have been added to explain the responsibilities, under the Individuals with Disabilities Education Act (IDEA), of DDS facilities, school districts and education service cooperatives with regard to their furnishing Medicaid-covered personal care services.

Section 262.100: A different heading and text to introduce billing have been added.

Sections 262.101 through 262.103: These sections replace former sections 262.110 through 262.140. Please note that the description of procedure code T1019, modifier U4, has changed to comply with the IDEA guidelines set forth in sections 251.100 through 251.120.

Sections 262.110 and 262.120: Former section 262.110 has been deleted, because private care agency procedure codes are no longer needed. The material formerly in section 262.200 has been updated and divided between the revised section 262.110 and the new section 262.120.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

Paper versions of this update transmittal contain updated sections to file in your provider manual. See Section I for instructions on updating the paper version of the manual. The changes in this update transmittal will be incorporated automatically into electronic versions of the manual.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

200.000	PERSONAL CARE GENERAL INFORMATION	8-1-04
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200.100	Arkansas Medicaid Participation Requirements for Personal Care Providers	8-1-04
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Numerous agencies, organizations and other entities may qualify for enrollment in the Arkansas Medicaid Personal Care Program. Participation requirements vary among these different types of providers. Sections 200.110 through 200.160 outline the participation requirements specific to each type of personal care provider. Section 201.000 describes the procedures required to enroll in the Medicaid Program. Sections 201.010 through 201.050 set forth the licensing, certification and other requirements specific to each type of personal care provider.

200.110	Class A Home Health Agencies	8-1-04
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- A. The Division of Health Facility Services, Arkansas Department of Health, must license a Class A Home Health agency before the agency may apply to enroll as a personal care provider.
- B. The applicant must be certified as a participant in the Title XVIII (Medicare) Program by the Arkansas Home Health State Survey Agency.

200.120	Class B Home Health Agencies	8-1-04
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- A. A Class B Home Health agency applying for enrollment as a personal care provider must be licensed as a Class B Home Health agency by the Arkansas Department of Health.
- B. The Class B Home Health license must state that the provider is licensed to perform personal care services only.

200.130	Private Care Agencies	8-1-04
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- A. A private care agency applying to enroll as a personal care provider must be licensed by the Arkansas Department of Health.
- B. Private care agencies must hold current licensure from the Arkansas Department of Labor.
- C. Private care agencies must be enrolled in the Arkansas Medicaid ElderChoices Program.
- D. Private care agencies must have liability insurance coverage of not less than one million dollars (\$1,000,000.00) covering their employees and independent contractors while those individuals and entities are engaged in providing covered Medicaid services.

200.140	Residential Care Facilities	8-1-04
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A residential care facility applying for enrollment as a personal care provider must be licensed as a residential care facility by the Arkansas Office of Long Term Care.

200.150	Division of Developmental Disabilities Services Community Providers	8-1-04
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A Division of Developmental Disabilities Services Community Provider facility applying for enrollment as a personal care provider must hold a current license from the Arkansas Division of Developmental Disabilities Services.

200.160	School Districts and Education Service Cooperatives	8-1-04
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A school district or education service cooperative must be certified as a Local Educational Agency (LEA) by the Arkansas Department of Education. The Arkansas Department of Education will provide verification of LEA certification to the Provider Enrollment Unit of the Division of Medical Services (DMS).

201.000 Provider Enrollment Procedures

8-1-04

- A. All applicants for enrollment as personal care providers must complete and submit to the Division of Medical Services (DMS) Provider Enrollment Unit, a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9). [View or print form DMS-652, form DMS-653 and Form W-9.](#) [View or print Provider Enrollment Unit contact information.](#)
- B. DMS must approve, by means of established and uniformly applied criteria, all Medicaid provider applications and Medicaid contracts before enrolling providers.
- C. The DMS Provider Enrollment Unit reviews, for accuracy and completeness, provider applications, Medicaid contracts and all other required documentation.
 - 1. The Provider Enrollment Unit contacts applicants to correct errors or omissions in the enrollment documents. Some errors, such as failure to provide an original signature, necessitate returning the documents to the applicant for correction.
 - 2. When the provider application materials are complete and correct, and DMS approves the application and contract, the Provider Enrollment Unit assigns a provider number, establishes a provider file and forwards to the provider written confirmation of the provider number and the effective date of the provider's enrollment.
- D. As a condition of continuing enrollment, providers must submit license and certification renewals to the Provider Enrollment Unit within 30 days of the issuance of those documents. Failure to maintain current license and certification documentation will result in termination from the Medicaid Program.
- E. Sections 201.010 through 201.050 specify additional documentation required of each type of applicant for enrollment.

201.010 Class A Home Health Agencies

8-1-04

- A. A Class A home health agency must submit to the Provider Enrollment Unit a copy of its current Class A Home Health Agency license.
- B. The agency must submit to the Provider Enrollment Unit a copy of its current Medicare certification.

201.020 Class B Home Health Agencies

8-1-04

A Class B home health agency must submit to the Provider Enrollment Unit a copy of its Class B Home Health Agency license.

201.030 Private Care Agencies

8-1-04

- A. Private Care agencies must submit a copy of their current license from the Arkansas Department of Health.
 - B. Private Care agencies must submit a copy of their current license from the Arkansas Department of Labor.
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- C. Private care agencies must submit proof of liability insurance coverage of not less than one million dollars (\$1,000,000.000), covering their employees and independent contractors while those individuals and entities are engaged in providing covered Medicaid services.
- D. Annually, private care agency providers must submit proof to the Provider Enrollment Unit that their required liability insurance remains in force, and has remained in force at a level of coverage no less than the required minimum since the provider's previous report.

201.040 Residential Care Facilities (RCFs) 8-1-04

A residential care facility applying for enrollment as a personal care provider must submit a copy of its license from the Office of Long Term Care.

201.050 Division of Developmental Disabilities Services Community Providers 8-1-04

A Developmental Disabilities Services Community Provider facility applying for enrollment as a personal care provider must submit a copy of its current license from the Arkansas Division of Developmental Disabilities Services.

201.100 Routine Services Providers 8-1-04

Routine services providers in the Arkansas Medicaid Personal Care Program are enrolled Medicaid providers who, in accordance with the regulations of the Arkansas Medicaid Program, may provide medically necessary services to eligible and qualified individuals who choose to receive their services.

201.110 Personal Care Providers in Arkansas 8-1-04

Enrolled Personal Care providers in Arkansas qualify as routine services providers. However, some personal care providers are limited to providing services only in certain places of service. See section 213.000, part F.

201.200 Limited Services Providers 8-1-04

Generally, limited services providers are providers in states not bordering Arkansas that are allowed to participate in Arkansas Medicaid only in order to provide emergency or prior authorized services.

201.201 Limited Services Providers and Emergency Services 8-1-04

Personal care is not an emergency service, as emergency services are defined in title 42, Code of Federal Regulations (42 CFR). Therefore, personal care providers in states not bordering Arkansas do not qualify as limited services providers of emergency services.

201.202 Limited Services Providers and Prior Authorized Services 8-1-04

- A. Services that are prior authorized to be furnished by a limited services provider must always be medically necessary and, in most cases, not available in Arkansas.
 - 1. In the Personal Care Program, the requirement that the service not be available in Arkansas may be waived when a personal care client is temporarily out of the state.
 - a. See section 213.600 for policy guidelines regarding personal care clients who temporarily change location and must transfer their care to a local provider.
 - b. When the temporary location is in another state, the Arkansas Medicaid Program may allow a personal care provider in that state to enroll as a limited services provider to furnish the client's services during the stay.
 - 2. Personal care for clients temporarily in another state requires prior authorization.

3. Personal care for clients temporarily in another state is subject to the additional regulations at sections 213.600 and 213.610.
- B. Send written requests for prior authorization to the Division of Medical Services, Utilization Review Section. [View or print Division of Medical Services, Utilization Review Section contact information.](#)
1. Upon notification of the prior authorization, the provider may submit the provider application (form DMS-652), Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9). [View or print form DMS-652, form DMS-653 and Form W-9.](#)
 2. Additionally, the provider must submit appropriate licensure, certification or other documentation required by Arkansas Medicaid to establish that the applicant is a qualified personal care provider.
 - a. Prior authorization does not guarantee payment for the service.
 - 1) The beneficiary must be Medicaid-eligible on the dates of service and must have available benefits.
 - 2) The provider must follow the enrollment procedures in Sections I and II and the billing procedures in Sections II and III of this manual.
 3. Limited services providers must submit paper claims directly to the Division of Medical Services, Utilization Review Section. [View or print Division of Medical Services, Utilization Review Section contact information.](#)

201.210**Personal Care Providers Not Licensed in Arkansas**

8-1-04

- A. Personal care providers licensed only in other states may not provide services in Arkansas.
 - B. Providers that are licensed in other states and that are not licensed in Arkansas may enroll in Arkansas Medicaid as limited services providers only.
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213.000

Scope of the Program

8-1-04

- A. Personal care services involve primarily "hands-on" assistance by a personal care aide with a client's physical dependency needs (as opposed to purely housekeeping services).
 - B. The tasks the aide performs are similar to those that a nurse's aide would normally perform if the client were in a hospital or nursing facility.
 - C. Personal care services may be similar to or overlap some services that home health aides furnish.
 - 1. Home health aides may provide personal care services in the home under the home health benefit.
 - 2. Skilled services that only a health professional may perform are not considered personal care services.
 - D. Personal care services are services:
 - 1. Authorized for the client by a physician in accordance with a service plan.
 - 2. Furnished in the client's home, and at the State's option, in another location.
 - 3. Provided by an individual qualified to provide such services and who is not a member of the client's family. See section 222.100, part A, for the definition of "a member of the client's family".
 - E. Personal care for Medicaid-eligible individuals under the age of 21 requires prior authorization. See sections 240.000 through 246.000.
 - F. Only Class A Home Health agencies, Class B Home Health agencies and Private Care agencies may provide personal care in all State-approved locations. Residential care facilities, public schools, education service cooperatives and DDS facilities may provide personal care only within their own facilities. School districts and education service cooperatives may not provide personal care in the beneficiary's home unless the home is deemed a public school in accordance with the Arkansas Department of Education guidelines set forth in section 213.520.
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251.100 **Individuals with Disabilities Education Act (IDEA) and Beneficiary Free Choice** 8-1-04

251.110 **IDEA Responsibilities of Developmental Disabilities Services Community Provider Facilities** 8-1-04

Developmental Disabilities Services Community Provider Facilities, when enrolled as Arkansas Medicaid Personal Care providers, are deemed the provider of service.

- A. As such, the facilities must provide, under the guidelines of the Arkansas Medicaid Personal Care Provider Manual, the Medicaid covered services that are included in a client's Individualized Family Services Plan (IFSP), Individualized Program Plan (IPP) or Individualized Habilitation Plan (IHP).
1. An IFSP is an individualized plan for clients aged from birth through two years who are enrolled in a facility's early Intervention program.
 2. An IPP is an individualized plan for clients aged 3 through 4 years whose parents have elected to enroll them in the facility's preschool program.
 3. An IHP is an individualized plan for clients aged 18 and older
- B. With respect to Medicaid beneficiaries whose participation in the facility's services are subject to the IDEA, their parents or guardians may independently select an enrolled Medicaid provider ("other provider") other than the DDS community provider facility. This exception requires the existence of each of the following conditions:
1. Neither the facility nor anyone acting on behalf of the facility may refer the client, or the client's parent or guardian, to the other provider.
 2. There is no arrangement by the facility or persons or entities in privity with the facility, for the other provider to furnish the services.
 3. The other provider does not, either directly or through another person or entity, have a contract with the facility or persons or entities in privity with the facility for referrals, consulting or the provision of Medicaid-covered services.
 4. The other provider is not under control or supervision of the facility or persons or entities in privity with the facility.
- C. For purposes of this rule, "privity" means a derivative interest growing out of a contract, mutuality of interest, or common ownership or control.

251.120 **IDEA Responsibilities of School Districts and Education Service Cooperatives** 8-1-04

Arkansas public school districts and education service cooperatives (ESCs), when enrolled as Arkansas Medicaid Personal Care providers, are deemed the provider of service.

- A. As such, the school districts and ESCs must provide services, under the guidelines of the Arkansas Medicaid Personal Care Provider Manual, to the following groups of children.
1. Medicaid-eligible school-aged children with disabilities, whose Individualized Education Programs (IEPs) call for personal care as a "Related Service" in accordance with the Individuals with Disabilities Education Act (IDEA).
 2. Medicaid-eligible preschool children (aged 3 through 4 years) with disabilities, who are enrolled in special education programs, and whose IEPs include personal care.

- B. Under the IDEA, the student's parent or guardian may independently select an enrolled Medicaid provider, ("other provider") other than the school district or ESC. This exception requires the existence of each of the following conditions:
1. Neither the school district or ESC nor anyone acting on behalf of the school district or ESC may refer the client, or the client's parent or guardian, to the other provider.
 2. There is no arrangement by the school district or ESC, or persons or entities in privity with the school district or ESC, for the other provider to furnish the services.
 3. The other provider does not, either directly or through another person or entity, have a contract with the school district or ESC or with persons or entities in privity with the school district or ESC, for referrals, consulting or the provision of Medicaid-covered services.
 4. The other provider is not under control or supervision of the school district or ESC or persons or entities in privity with the school district or ESC.
- C. For purposes of this rule, "privity" means a derivative interest growing out of a contract, mutuality of interest, or common ownership or control.
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262.000 CMS-1500 Billing Procedures 8-1-04

262.100 Personal Care Billing 8-1-04

- A. Providers must use the HCPCS procedure codes and modifiers listed below in sections 262.101 through 262.103 for electronic billing. Electronic billing also requires the appropriate place of service code from the “Electronic Claims” column of the table in section 262.110.
- B. For paper billing, use a HCPCS procedure code and modifier from sections 262.101 through 262.103, the appropriate place of service code from the “Paper Claims” column of the table in section 262.110, *and* the correct type of service code from section 262.120.
- C. Effective for dates of service on and after July 1, 2004, private care agencies use the procedure codes and modifiers listed below in sections 262.101 and 262.102.

262.101 Personal Care for a Client Aged 21 or Older 8-1-04

Procedure Code	Modifier	Service Description
T1019	U3	Personal Care for a Client Aged 21 or Older, per 15 minutes

262.102 Personal Care for a Client Under 21 8-1-04

Procedure Code	Modifier	Service Description
T1019		Personal Care for a Client Under 21, per 15 minutes (requires prior authorization)

262.103 Personal Care in a Public School 8-1-04

Procedure Code	Modifier	Service Description
T1019	U4	Personal Care for a Client Under 21, provided by a school district or education service cooperative, per 15 minutes (requires prior authorization).

262.110 Place of Service Codes for Paper and Electronic Claims 8-1-04

Place of Service	Paper Claims	Electronic Claims
Client’s Home*	4	12
DDS Community Provider Facility**	5	52
Public School***	S	03
Other Locations****	0 (zero)	99

- * The client's home is where the client lives, subject to the exclusions in section 213.500, part B. For example, if a client lives in a residential care facility (RCF), then the RCF is the client's home.
- ** Developmental Disabilities Services Community Provider Facility, for clients under age 21 whose instruction is not the responsibility of the client's school district, or for clients aged 21 and older.
- *** Personal Care services provided by a school district or education service cooperative require place of service code S and type of service code S on paper claims. See section 213.520 for a full explanation of the "public school" place of service.
- **** Not a public school or DDS community provider facility.

262.120

Type of Service Codes for Paper Claims

8-1-04

Type of Service Codes	
0 (zero):	Personal care services, furnished by a Medicaid-enrolled provider <i>other than</i> a school district or education service cooperative
S:	Services (personal care, in this instance) furnished by a Medicaid-enrolled school district or education service cooperative
